



STATE BOARD OF REGISTRATION FOR
GEOLOGISTS AND GEOPHYSICISTS
2535 CAPITOL OAKS DRIVE, SUITE 300A, SACRAMENTO, CA 95833-2926
TELEPHONE: (916) 263-2113
FAX: (916) 263-2099
E-mail: geology@dca.ca.gov
Website: www.dca.ca.gov/geology



APPLICATION FOR EXAMINATION AND LICENSURE AS A REGISTERED GEOPHYSICIST

APPLICATION INSTRUCTIONS ARE ATTACHED

THIS FORM MAY BE REPRODUCED

FOR OFFICE USE ONLY

Received _____

Receipt No. _____

APPLICATION FEE

EXAM FEE

TOTAL DUE

\$250.00

\$100.00

\$350.00

REMIT FEES BY CHECK OR MONEY ORDER ONLY

THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED

PERSONAL INFORMATION

2. NAME

LAST

FIRST

MIDDLE

3. ADDRESS

STREET/P.O. BOX

CITY

STATE

COUNTRY

ZIP CODE

4. MAILING ADDRESS STREET/P.O. BOX
(IF DIFFERENT)

CITY

STATE

COUNTRY

ZIP CODE

5. BUSINESS TELEPHONE #

6. HOME TELEPHONE #

7. Are you licensed in another state or country?

☐

YES

☐

NO

If YES:

STATE or COUNTRY

LICENSE NUMBER

HOW OBTAINED

8 . Have you previously filed an application for licensure as a Registered Geophysicist in California?

☐

YES

☐

NO

If YES, list filing dates.

9. Have you ever been convicted of a crime or entered a plea of nolo contendere? (Convictions dismissed under section 1203.4 of the Penal Code must be disclosed. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed.)

☐

YES

☐

NO

If YES, explain fully using section 12 or a separate sheet.

10. Have you or any partnership or corporation that you are a member or officer of ever had registration denied, suspended or revoked in any state for a reason other than lack of qualification or failure of examination?

☐

YES

☐

NO

If YES, explain fully using section 12 or a separate sheet

EDUCATION

11.	NAME OF INSTITUTION	LOCATION	DATES OF ATTENDANCE	DEGREE EARNED
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

REMARKS

12. Use this section for replies to questions 9 and 10 if necessary.

EXPERIENCE

List experience in inverse chronological order. When summarizing experience, provide sufficient detail to explain the degree of your responsibility and the nature of the geologic or geophysical decisions you are/were required to make. Use additional sheets as necessary. ***A SUPERVISOR REFERENCE FORM and A COPY OF THE COMPLETED APPLICATION must be sent to each supervisory reference verifying qualifying experience***

Date of Engagement	Name and Address of Organization	Supervisor
FROM TO		

SUMMARY OF ENGAGEMENT

Date of Engagement	Name and Address of Organization	Supervisor
FROM TO		

SUMMARY OF ENGAGEMENT

Date of Engagement	Name and Address of Organization	Supervisor
FROM TO		

SUMMARY OF ENGAGEMENT

Date of Engagement FROM TO	Name and Address of Organization	Supervisor
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SUMMARY OF ENGAGEMENT

The information you provide on this application is maintained by the Executive Officer of the State Board of Registration for Geologists and Geophysicists (Board), Department of Consumer Affairs (DCA), 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code sections 7841.1 and/or California Code of Regulations, Title 16, section 3021. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (Title 16, California Code of Regulations sections 3024 and 3028.)

Your application and supporting documentation becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license may be disclosed by DCA and the Board unless otherwise specifically exempt from disclosure under the law. ***Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.***

You have the right to review the records maintained on you by DCA or the Board unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

I declare under penalty of perjury under the laws of the State of California that the information on this application, or any appended sheets, is true and correct.

Signature	Date
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